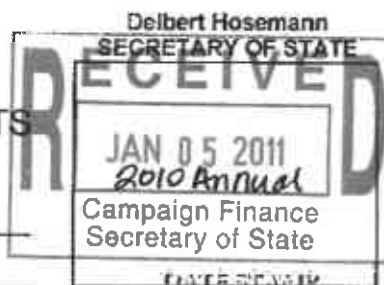


Report For 1/1/10 - 12/31/10

Amended ga

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate

John L. Moore

Address

P.O. Box 20 Brandon MS County Rankin

Telephone Work

601-591-4100

Home

601-825-5031

Fax

601-591-0100

Contact Name

John

Email Address

RepJohnMoore@gmail.com

Office Sought

House of Rep Dist 60

Political Party

Republican



Check here if above is different from previous report

May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)..... Mandatory

June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)..... Mandatory

July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011)..... Mandatory

July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011)..... Primary Candidates

August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Runoff Candidates Only

October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011)..... Mandatory

November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011)..... Mandatory

November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)..... Runoff Candidates only

January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011)..... Mandatory

Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3400 +\$ 1050	\$ 4450	\$ 4450
Total amount of disbursements	\$ +\$ 2321	\$ 2321	\$
Total amount of cash on hand		\$ 3050	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1-4-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-358-1498 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee John L Moore
Reporting period 01-01-10 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willowbrook Partners</u>		<u>10</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address _____		____ / ____ / ____	\$
City, State, Zip Code <u>Westwood, KS 66205</u>		____ / ____ / ____	\$
Name of Employer (Required) _____		____ / ____ / ____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC</u>		<u>11</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address <u>PO 1640</u>		____ / ____ / ____	\$
City, State, Zip Code <u>Jackson Ms 39215</u>		____ / ____ / ____	\$
Name of Employer (Required) _____		____ / ____ / ____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Independent RX PAC</u>		<u>11</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address <u>4209 Lakeland Dr.</u>		____ / ____ / ____	\$
City, State, Zip Code <u># Jackson Ms 39232</u>		____ / ____ / ____	\$
Name of Employer (Required) _____		____ / ____ / ____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pinnacle Consulting LLC</u>		<u>11</u> / <u>1</u> / <u>10</u>	\$ <u>500.-</u>
Mailing Address _____		____ / ____ / ____	\$
City, State, Zip Code <u>Jackson Ms</u>		____ / ____ / ____	\$
Name of Employer (Required) _____		____ / ____ / ____	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Page 2 of 3Name of Candidate or Committee John Moore
Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MADA PAC</u>	<u>11</u> / <u>1</u> / <u>10</u>	\$ <u>500.-</u>
Mailing Address <u>800 Woodlands PKWY Suite 100</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland Ms.</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PHRMA PAC</u>	<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address <u>630 Lakeland Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Baton Rouge La. 70802</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bail Assn PAC</u>	<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address <u>413 South Pres. St.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group PAC</u>	<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>500.-</u>
Mailing Address <u>P.O. Box 217</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON MS. 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Page 3 of 3Name of Candidate or Committee John Moore
Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC PAC</u>		<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>400.-</u>
Mailing Address <u>Po Box 4079</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Gulfport Ms. 39502</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific Corp</u>		<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>250.-</u>
Mailing Address <u>Po 61270</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$